

**TRI-MARINE ACCEPTANCES (PTY) LTD**

Company Registration No: 2012/089555/07

Marine Insurance Specialists

W: www.trimarine.co.za | FSP No: 44286

A: Unit UF02, Lionshead House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

T: +27 21 701 8023

E: [info@trimarine.co.za](mailto:info@trimarine.co.za)**MARINE CONSEQUENTIAL LOSS / PROJECT DELAY PROPOSAL FORM ANNUAL POLICY**

SECTION A: INSURED'S DETAILS				
INSURANCE BROKER:				
NAME/S OF ASSURED/S TO APPEAR ONPOLICY:				
NAME/S OF MAIN CONTRACTORS:				
NAME/S OF SUPPLIERS AND COUNTRY/IES FROM WHICH THE PLANT/MATERIALS WILLORIGINATE:				
SITUATION OF PROPOSED/EXISTINGFACTORY:				
NATURE OF THE PROPOSED/NEW EXTENSIONTO EXISTING PROJECT:				
SECTION B: RISK DETAILS				
Is cover required in respect of:				
(a) New imported machinery/plant	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(b) Secondhand imported machinery/plant	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(c) New locally purchased machinery/plant	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
(d) Secondhand locally purchased machinery/plant	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Will development be carried out in more than one phase? If so, give details of phases to full development:				
Please give target date(s) for commencement of commercial production (by phases if relevant):				
Which phase(s) does this proposed insurance cover?				
DETAILS OF PLANT AND MACHINERY				
Please attach or give a full inventory of major/key items to be imported/purchased including FOB value of each item:				
Please confirm the terms of Purchase (FOB, CIF, etc.):				
What is the commencement date of manufacture? (if custom built)				
What is the completion date of manufacture? (if custom built)				
Please provide details of packing and by whom:				
Is machinery or any part particularly susceptible to damage?				
Could repairs be carried out locally?				

**TRI-MARINE ACCEPTANCES (PTY) LTD**

Company Registration No: 2012/089555/07

Marine Insurance Specialists

W: [www.trimarine.co.za](http://www.trimarine.co.za) | FSP No: 44286

A: Unit UF02, Lionshead House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

T: +27 21 701 8023

E: [info@trimarine.co.za](mailto:info@trimarine.co.za)



If overseas repairs are necessary, give maximum time to repair:			
Are replacement parts readily available? If not, indicate approximate lead times:			
If total loss, state maximum time for replacement:			
<b>SHIPPING PROGRAM</b>			
Please confirm the anticipated date/s of arrival at factory:			
First:		Last:	
Will there be immediate survey on arrival?			
Location of storage upon arrival (covered or open):			
Maximum period of storage:			
<b>DETAIL OF RAW MATERIALS ETC.</b>			
Please give details of raw materials etc., in respect of which cover is required:			
<b>DETAILS OF MATERIAL DAMAGE INSURANCES</b>			
Project delay will normally only be available in tandem with material damage cover. Please give details of Marine cover arranged/to be arranged and with whom:			
<b>DETAILS OF ADVANCE PROFITS COVER REQUIRED</b>			
Please confirm indemnity period required (e.g. 6, 12 or 18 months):			
What is your estimated Gross Profit i.e. net profit plus standing charges during the indemnity period? (Give details):			
What will be your increased Cost of Working?			
Please confirm accruing interest following production delays:			
<b>DETAILS OF ADVANCE PROFITS COVER REQUIRED</b>			
What are the penalties following production delays?			

**TRI-MARINE ACCEPTANCES (PTY) LTD**

Company Registration No: 2012/089555/07

Marine Insurance Specialists

W: www.trimarine.co.za | FSP No: 44286

A: Unit UF02, Lionshead House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

T: +27 21 701 8023

E: [info@trimarine.co.za](mailto:info@trimarine.co.za)

Auditors' Fees:	
What is the total sum insured or daily indemnity required?	
What are the perils of being insured? (e.g. All Risks, restriction):	
What would an acceptable Time Excess be? (Normally 30 days but can be increased for premium advantage):	
Please provide any other information material to the insurance being applied for (If none, please state "No other material information"):	
<b>SECTION C: DECLARATION AND CONSENT</b>	
<b>DECLARATION</b>	
<p><b>I/We</b> declare that the information and answers given in this form are true to the best of <b>my/our</b> knowledge and belief and that <b>I/We</b> have not mis-stated or suppressed any material facts that might influence the assessment of the risk. <b>I/We</b> also understand that the completion of this form does not bind insurers or mean <b>I/We</b> will accept this insurance but, if terms are agreed, it will form part of the contract.</p>	
<b>GENERAL POPIA CONSENT CLAUSE</b>	
<p>By submitting this proposal, <b>I/We</b> consent to the collection and processing of the personal or business information provided for the purposes of assessing, underwriting, and issuing an insurance policy. The Parties acknowledge that such processing may be required for the performance of a contract, compliance with legal obligations, or the legitimate interests of the party responsible as contemplated under POPIA.</p>	
<p><b>I/We</b> consent to the sharing of this information with insurers, reinsurers (including those situated outside the Republic of South Africa), underwriting managers, administrators, service providers, and other relevant parties necessary to complete the underwriting process or meet legislative requirements. Cross-border transfers will comply with POPIA's requirements for adequate data protection.</p>	
<p><b>I/We</b> understand that <b>I/We</b> may request access to, correct or delete information, or object to its processing via email, telephone, SMS, WhatsApp, or any communication method permitted under the amended POPIA Regulations.</p>	
<p>Where direct marketing is applicable, <b>I/We</b> understand it will only be sent if <b>I/We</b> provide explicit and recorded consent, as required by POPIA. "Opt-out" options do not constitute valid consent.</p>	
NAME OF SIGNATORY:	
SIGNATURE:	DATE:

Thank you for taking the time to complete this proposal form.

Reset Form